

COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) AND POWER OF ATTORNEY		Attorney Docket Number	2139-32US CC/iw
		First Named Inventor	Bernard MASSIE et al.
<input type="checkbox"/> Declaration Submitted with Initial Filing OR <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing <small>(surcharge (37 CFR 1.16(e)) required)</small>		Complete if known	
		Application Number	
		Filing Date	
		Group Art Unit	
		Examiner Name	

As a below named inventor, I hereby declare that:
My residence, mailing address and citizenship are as stated below next to my name.

I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

LIGAND-PSEUDORECEPTOR SYSTEM FOR GENERATION OF ADENOVIRAL VECTORS WITH ALTERED TROPISM

the specification of which

- ☐ is attached hereto.
OR

☒ was filed on 10/22/2004
(mm/dd/yyyy)

as United States Application Number or PCT International Application Number PCT/CA2004/001794
(if applicable).
and was amended on
(mm/dd/yyyy)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)
60/514,532	10/24/2003

☐ Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

**COMBINED DECLARATION FOR UTILITY OR DESIGN
PATENT APPLICATION (37 CFR 1.63) AND POWER OF ATTORNEY**

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
PCT/CA2004/001794	10/22/2004	

☐ Additional U.S. or PCT International application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent Trademark Office connected therewith:

☒ Customer Number: **020988**

Direct all correspondence to:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of sole or First Inventor:

Given Name (first and middle [if any])

Bernard

☐ A petition has been filed for this unsigned inventor

Family Name or Surname

MASSIE

Inventor's Signature _____ Date _____
 Residence: City Laval State Quebec Country Canada Citizenship _____
 Post Office Address 6640, rue Riopelle

City Laval Province or State Quebec Postal Code Or Zip H7H 1R3 Country CANADA

☒ Additional inventors are being named on the 1 supplemental Additional Inventor(s) PTO/SB/02A attached hereto.

COMBINED DECLARATION FOR UTILITY OR DESIGN
PATENT APPLICATION (37 CFR 1.63) AND POWER OF ATTORNEY

PTO/SB/02A (10-00)

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 3 of 3

Name of Additional Joint Inventor, if any:

Given Name (first and middle [if any])

☐ A petition has been filed for this unsigned inventor

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ZENG

Yue

Inventor's Signature

Date

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☐ A petition has been filed for this unsigned inventor

Family Name or Surname

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Maureen

Inventor's Signature

Date

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or State

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Or Zip

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Country

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Name of Additional Joint Inventor, if any:

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☐ A petition has been filed for this unsigned inventor

Family Name or Surname

Inventor's Signature

Date

Residence:

City

State

Country

Citizenship

Post Office Address

City

Province
or State

Postal Code
Or Zip

Country

☐ Additional inventors are being named on the supplemental Additional Inventor(s) PTO/SB/02A attached hereto.

International Depository Authority of Canada
National Microbiology Laboratory, Health Canada
1015 Arlington Street
Winnipeg, Manitoba Canada R3E 3R2

PCT/CA2004/001794

Tel: (204) 789-2070
Fax: (204) 789-2097

International Form IDAC/BP/9

STATEMENT OF VIABILITY
(Issued pursuant to Rule 10.2 of the *Budapest Treaty* Regulations)

Party to Whom the Viability Statement is Issued

Name: Christian Cawthorn

Address: 1981, avenue McGill College, Bureau 1600, Montreal, PQ, Canada H3A 2Y3

Depositor

Name: NRC

Address: Biotechnology Research Institute, 6100 Av Royalmount, Montreal, Quebec
H4P 2R2

Identification of the Deposit

Accession Number given by the International Depository Authority: 211004-01

Date of the original deposit (or most recent relevant date): October 21, 2004

Viability Test

Viability of the deposit identified above was tested on (most recent date): Nov. 26, 2004

On the date indicated above, the culture was:

☒ viable

☐ no longer viable

Conditions under which the Viability Test were performed (to be filled in if the information has been requested and the results of the test were negative): _____

Signature of person(s) authorized to represent IDAC

Date: November 26, 2004

International Depository Authority of Canada
National Microbiology Laboratory, Health Canada
1015 Arlington Street
Winnipeg, Manitoba Canada R3E 3R2

PCT/CA2004/001794

Tel: (204) 789-2070
Fax: (204) 789-2097

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Depositor

Name: NRC

Address: Biotechnology Research Institute, 6100 Av Royalmount, Montreal, Quebec
H4P 2R2

Identification of the Deposit

Accession Number given by the International Depository Authority: 211004-02

Date of the original deposit (or most recent relevant date): October 21, 2004

Viability Test

Viability of the deposit identified above was tested on (most recent date): Nov. 26, 2004

On the date indicated above, the culture was:

☒ viable

☐ no longer viable

Conditions under which the Viability Test were performed (to be filled in if the information has been requested and the results of the test were negative): _____

Signature of person(s) authorized to represent IDAC

S. Tyler
Date: November 26, 2004

International Depository Authority of Canada
National Microbiology Laboratory, Health Canada
1015 Arlington Street
Winnipeg, Manitoba Canada R3E 3R2

Tel: (204) 789-2070
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Address: 1981, avenue McGill College, Bureau 1600, Montreal, PQ, Canada H3A 2Y3

Depositor

Name: NRC

Address: Biotechnology Research Institute, 6100 Av Royalmount, Montreal, Quebec
H4P 2R2

Identification of the Deposit

Accession Number given by the International Depository Authority: 211004-03

Date of the original deposit (or most recent relevant date): October 21, 2004

Viability Test

Viability of the deposit identified above was tested on (most recent date): Nov. 26, 2004

On the date indicated above, the culture was:



viable



no longer viable

Conditions under which the Viability Test were performed (to be filled in if the information has been requested and the results of the test were negative): _____

Signature of person(s) authorized to represent IDAC


Date: November 26, 2004